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PTO/SB/21 (09-04)

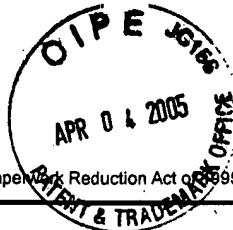
1FW 3737

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/052,204
	Filing Date	January 15, 2002
	First Named Inventor	Nowlin et al.
	Art Unit	3737
	Examiner Name	S. Shaw
Total Number of Pages in This Submission	Attorney Docket Number	017516-001320US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
		Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Mark D. Barrish		
Date	3/29/05	Reg. No.	36,443

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Tiffany Wu	Date	2/21/05



PTO/SB/83 (01-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT**

Application Number	10/052,204
Filing Date	January 15, 2002
First Named Inventor	Nowlin et al.
Art Unit	3737
Examiner Name	S. Shaw
Attorney Docket Number	017516-001320US

**To: Commissioner for Patents  
Washington, DC 20231**

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are: **At the request of the client.**

1. ☐ The correspondence address is NOT affected by this withdrawal.  
2. ☒ Change the correspondence address and direct all future correspondence to:

**CORRESPONDENCE ADDRESS**☐ Customer Number**OR**Place Customer Number  
Bar Code Label here

<input checked="" type="checkbox"/> Firm or Individual Name	Frank Nguyen, Vice President & General Counsel			(E-mail: Frank.Nguyen@intusurg.com)	
Address	Intuitive Surgical, Inc.				
Address	950 Kifer Road				
City	Sunnyvale	State	CA	ZIP	94086
Country	USA				
Telephone	(408)-523-2129	Fax	(408)-523-1390		

- ☒ This request is made on behalf of myself and  
☐ all the attorneys/agents of record.  
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
☒ the attorneys/agents associated with Customer Number 20350

This request is enclosed in **triplicate** (including any attachments).

Name Mark D. Barrish, Reg. No. 36,443, Townsend and Townsend and Crew, LLP

Signature

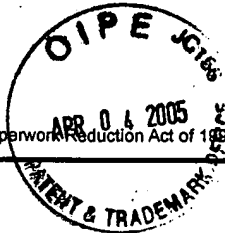
Date

**NOTE:** Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

60451787 v1



<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT</b>	Application Number	10/052,204
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☐ Customer Number  → Place Customer Number  
Bar Code Label here

**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Frank Nguyen, Vice President & General Counsel		(E-mail: Frank.Nguyen@intusurg.com)	
Address	Intuitive Surgical, Inc.			
Address	950 Kifer Road			
City	Sunnyvale	State	CA	ZIP 94086
Country	USA			
Telephone	(408)-523-2129	Fax	(408)-523-1390	

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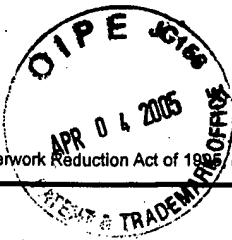
This request is enclosed in triplicate (including any attachments).

Name	Mark D. Barrish, Reg. No. 36,443, Townsend and Townsend and Crew, LLP
Signature	
Date	3/28/05

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<input checked="" type="checkbox"/> Firm or Individual Name	Frank Nguyen, Vice President & General Counsel	(E-mail: Frank.Nguyen@Intusurg.com)
Address	Intuitive Surgical, Inc.	
Address	950 Kifer Road	
City	Sunnyvale	State CA ZIP 94086
Country	USA	
Telephone	(408)-523-2129	Fax (408)-523-1390

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